

Name  
in  
Full

John Biddle

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Died at	Ridgely	County	Caroline		MARYLAND
Date of death 1902	Month Sept.	Day 14	Years Age 61	Months —	Days —
Sex Male	Color or Race white	Birth- place Md.			
Married, Single or Widowed Widower	Occupation Farmer				
Name of Wife or Husband					
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased Son				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Nephritis	120	How long 7 years.
Immediate	Sloopy - Exhaustion		How long 4 months -
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician J.C. Madara	
		Address Ridgely Md.	
Accident or Suicide?			



Name in Full

Certificate of Death

Mae Francis Bullock

Town

Porter

County

Caroline

MARYLAND

Died at

Porter

Date

1903

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Age

1

1

6

Caroline

Female

Colored

Single

Widower

Divorced

Number of children living

Husband

of

X

Wife

Father's

Name

Coff Bullock

Mother's

Name

P.H. Bullock

Cause of

Primary

Fever

How long sick

to death

Death

Immediate

14

Accident, Suicide, Homicide

Reported by

S. Howell, undertaker

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

John Lefshas

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Federalsburg</b>		County <b>Caroline</b>	MARYLAND	
Date of death <b>1902</b>	Month <b>Sep</b>	Day <b>14</b>	Years <b>39</b>	Months      Days
Sex <b>male</b>	Color or Race <b>black</b>	Birth-place <b>md</b>		
Married, Single or Widowed <b>widower</b>	Occupation <b>merchant</b>			
Name of Wife or Husband				
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving Information	How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

*Philtisis*

How long

*3 years*

Immediate

Are the name, age, sex, color, date and place correctly given above?

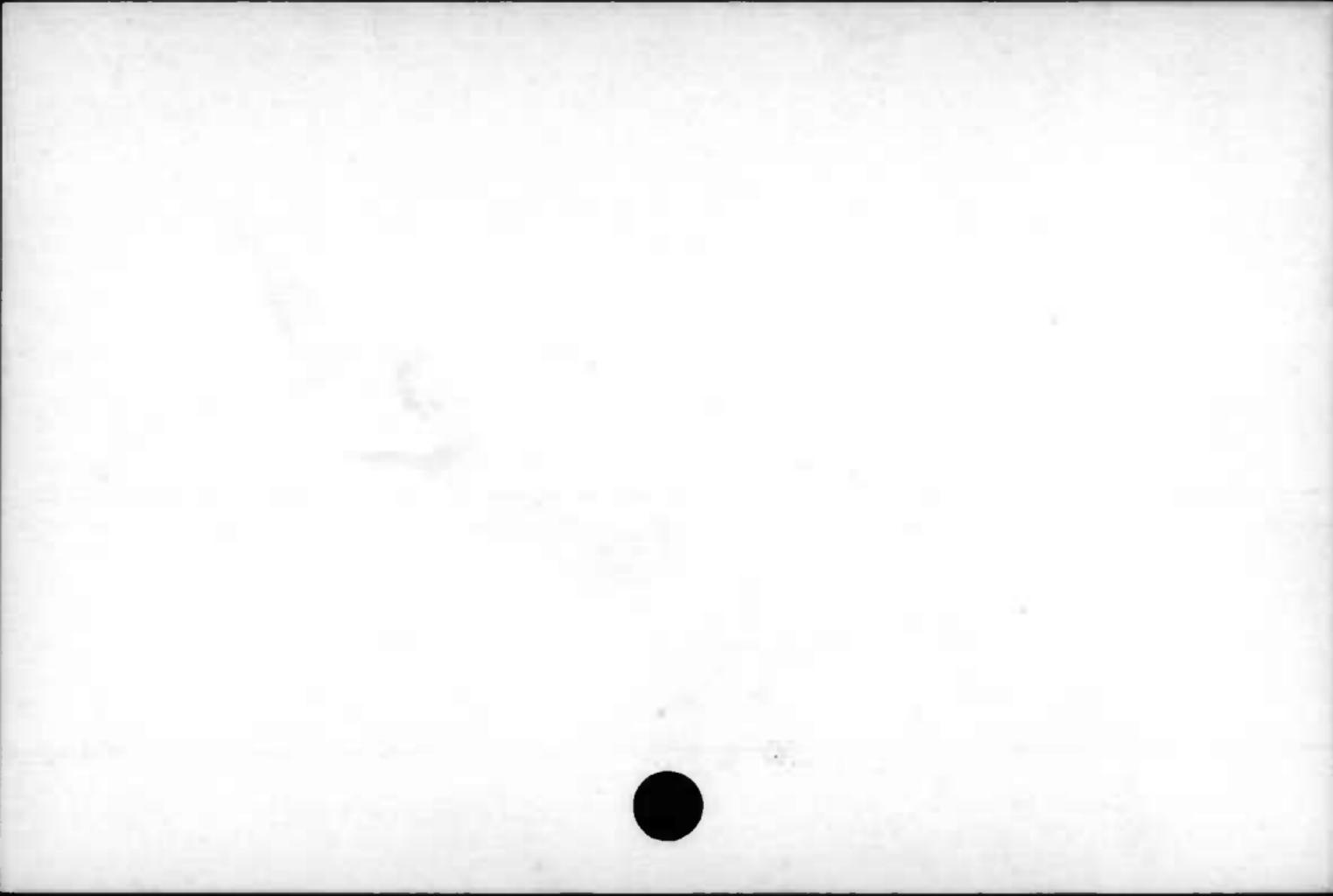
*yes*

Signature of Physician

Address

*R Kemp Jefferson*  
*Federalsburg md*

Accident or Suicide? *—*



Name  
in  
Full

Edith M. Christopher

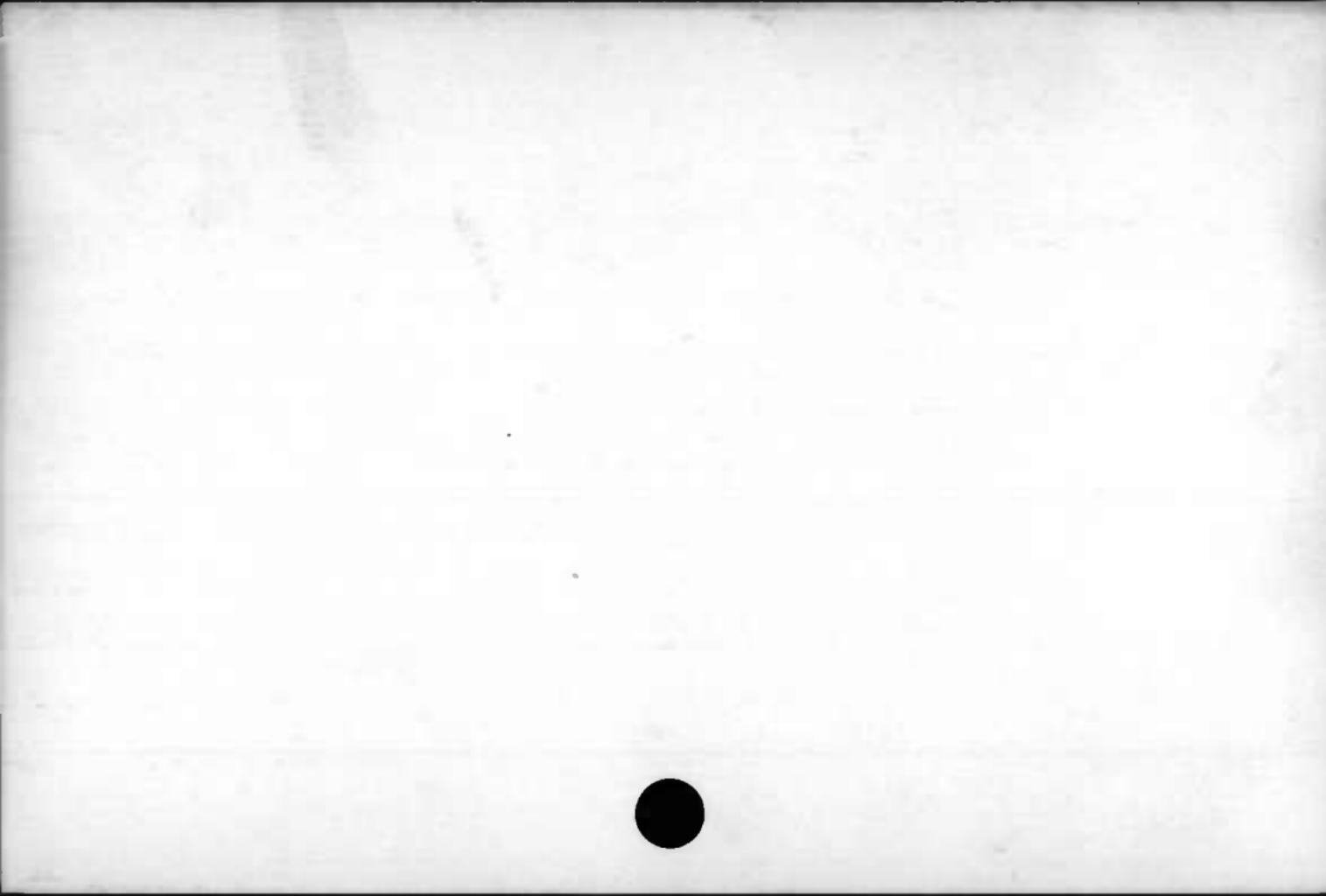
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Near Newton	Caroline				
Date of death 1907	Month 9	Day 18	Years 1	Months 3	Days -
Sex Female	Color or Race White	Occupation		Birth-place Newton Md.	
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	Wm. R. Christopher	Father's Birthplace		Md.	
Mother's Maiden Name	Susie H. Hopkins	Mother's Birthplace		Md.	
Name of person giving information	Sarah Christopher Grandfather	How related to deceased			

PHYSICIAN  
OR CORONER

Primary	CAUSES OF DEATH	105
Catarrh of Bowels		How long
Exhaustion		3 months
Immediate		How long
Exhaustion		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	J. D. Hobbs
yes	Address	Princeton Md.
Accident or Suicide?		



Name in Full

Certificate of Death

*Mary A Edge*

Town

County

MARYLAND

Died at

Henderson

Caroline

Date 1902

Month

Day

9 29

Y.

M.

D.

Native of

Del

Occupation

Lady

Male

Age 75  
Married

Widow

Divorced

Female

White  
Colored

Single

Widower

Number of children living

4

Husband  
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

1 year

Accident, Suicide, Homicide

Reported by

Address

Assumption 2

*Gas. Graham M.D.  
Inglewood Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Mrs Ida Franklin

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1902	Month Sept. 12	Day 12	Years 46
Sex Female	Color or Race White	Birth-place Maryland	Months -
Married, Single or Widowed Widow	Occupation Housekeeper		Days -
Name of Wife or Husband Charles A. Fountain			
Father's Name Barrow	Father's Birthplace Maryland		
Mother's Maiden Name Anna Brown	Mother's Birthplace Maryland		
Name of person giving Information R. C. Fountain	How related to deceased Brother law		

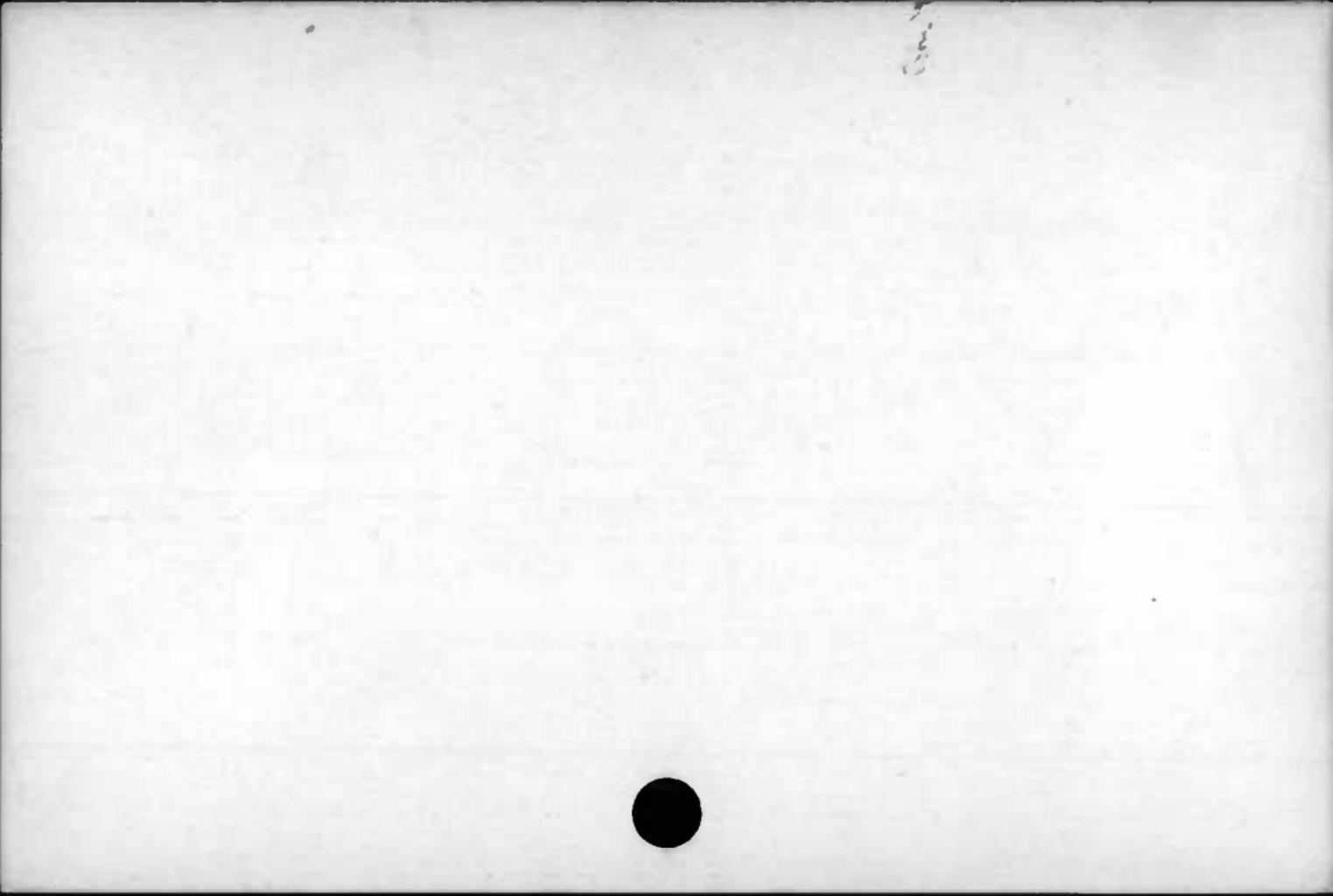
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Gastritis	113	How long 3 Weeks
Immediate	Exhaustion	8	How long One day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?		natural	

(Redacted)

LIBRARY BUREAU A86516



Name  
in  
Full

# Capt Joseph Griffith

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Denton		County	Baltimore		MARYLAND
Date of death 190	Month 2	Day 9	Age 110	Years	Months	Days
Sex Male	Color or Race white		Occupation Retired waterman	Birth-Place	Near Denton	
Married, <input checked="" type="checkbox"/> Widowed, <input type="checkbox"/>						
Name of Husband	Linda Lyons					
Father's Name	Noble Griffith			Father's Birthplace	Denton	
Mother's Maiden Name	Not Known			Mother's Birthplace	Not Known	
Name of person giving information	A. B. Gross			How related to deceased	none	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Paralysis

How long

7 days

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

To my best judgment

O. J. Maasch  
Denton  
Maryland



Name  
in  
Full

James Lester

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death 1902	Month Sept	Day 28	Age 72	Years	Months Days
Sex	male	Color or Race	White	Birth-place	Md.
Married <input checked="" type="checkbox"/> or Widowed	Yes	Occupation	Hammer		
Name of Wife or Husband	Mary E.				
Father's Name	Peter Lester				
Mother's Maiden Name	Matilda Austin				
Name of person giving information	Isaac Lester 79				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Heart, Valvular disease

How long

Two years

Immediate

Failure

How long

3 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. Hobbs  
Preston Md.

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

William T. Kelley						CERTIFICATE OF DEATH		
Died at <u>Baltimore</u>			County <u>Caroline</u>			MARYLAND		
Date of death 190	Month <u>2</u>	Day <u>14</u>	Age <u>73</u>	Years	Months	Days		
Sex <u>Male</u>	Color or Race <u>White</u>	Occupation <u>Brick Layer</u>			Birth-place <u>Baltimore Co. Md.</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Julia</u>			Father's Birthplace <u>Md.</u>				
Father's Name <u>Jacob Kelley</u>				Mother's Birthplace <u>Md.</u>				
Mother's Maiden Name				How related to deceased				
Name of person giving information <u>Son Wm. T. Kelley</u>								

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Typhoid Fever

How long

5 weeks

Immediate

Exhaustion

How long

One week

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Yrs

J. Hobl  
Baltimore  
Md.

Accident or Suicide?



Name  
in  
Full

Andrew Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 190	Month Sept	Day 6	Years 74
Age	Months -	Days -	
Sex Male	Color or Race White	Birth-place Maryland	
Married, Single or Widowed Widower	Occupation Retired		
Name of Wife or Husband			
Father's Name		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace	
Name of person giving information		How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chaltrappe	10	How long 3 Years
Immediate	Heart failure		How long immediate
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Enos G. George
		Address	Denton Coveline Co
Accident or Suicide?	Sudden		Mayland



Name  
in  
Full

Eva Morse

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Year	Months	Days	
2 sep	1	Age	2		
Sex	Color or Race	Occupation	Birth-place		
female	white		md		
Married/Single or Widowed					
Name of Wife or Husband					
Father's Name	John Morse				
Mother's Maiden Name	Mary Bluharty				
Name of person giving information					
Father's Birthplace	Pa				
Mother's Birthplace	Md				
How related to deceased					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

105

How long

Immediate

starvation

1 month

Are the name, age, sex, color, date and place correctly given above?

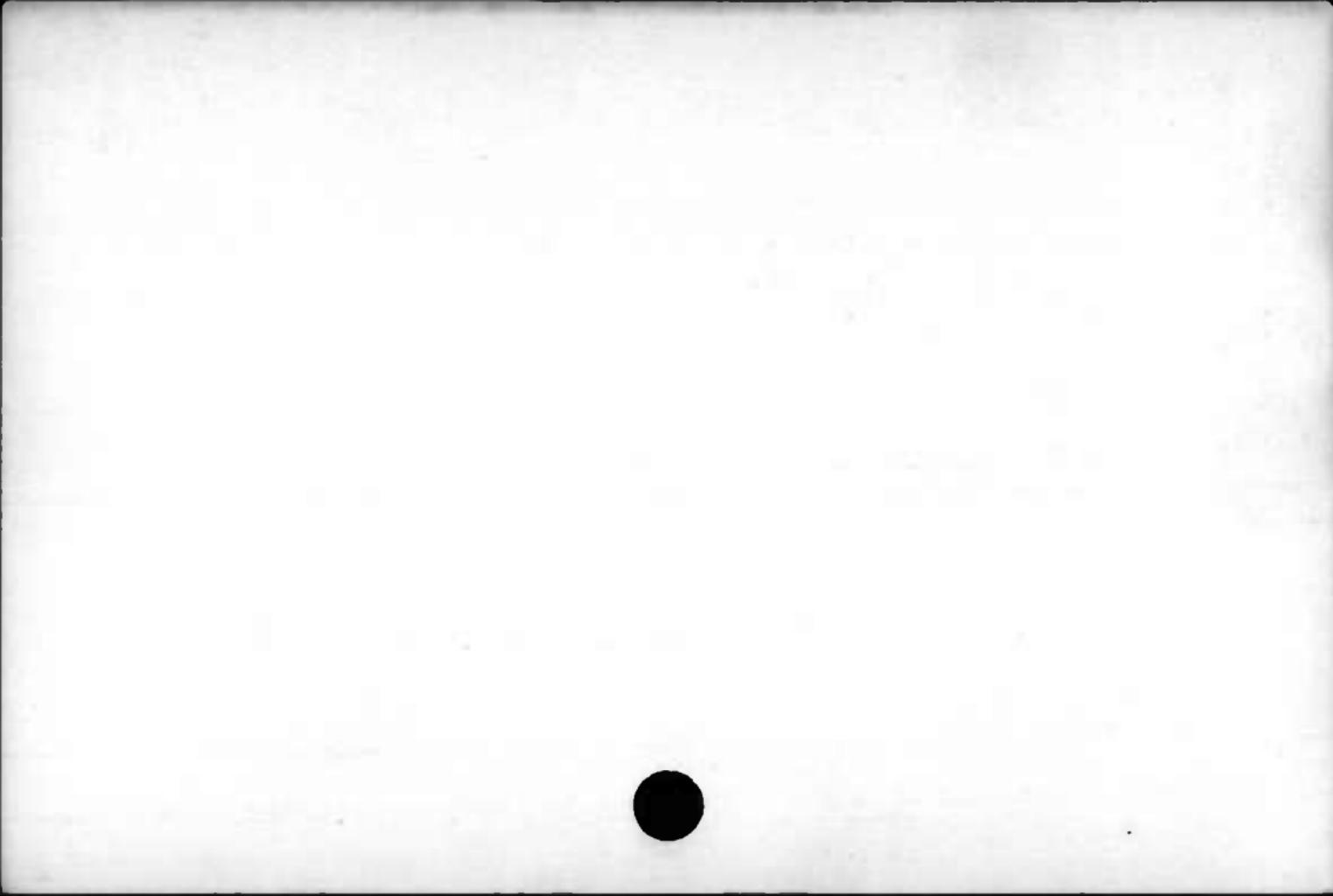
yes

Signature of Physician

Address

B Kemp Jefferson  
Federalsburg md

Accident or Suicide?



Name  
in  
Full

John Parker

CERTIFICATE OF DEATH

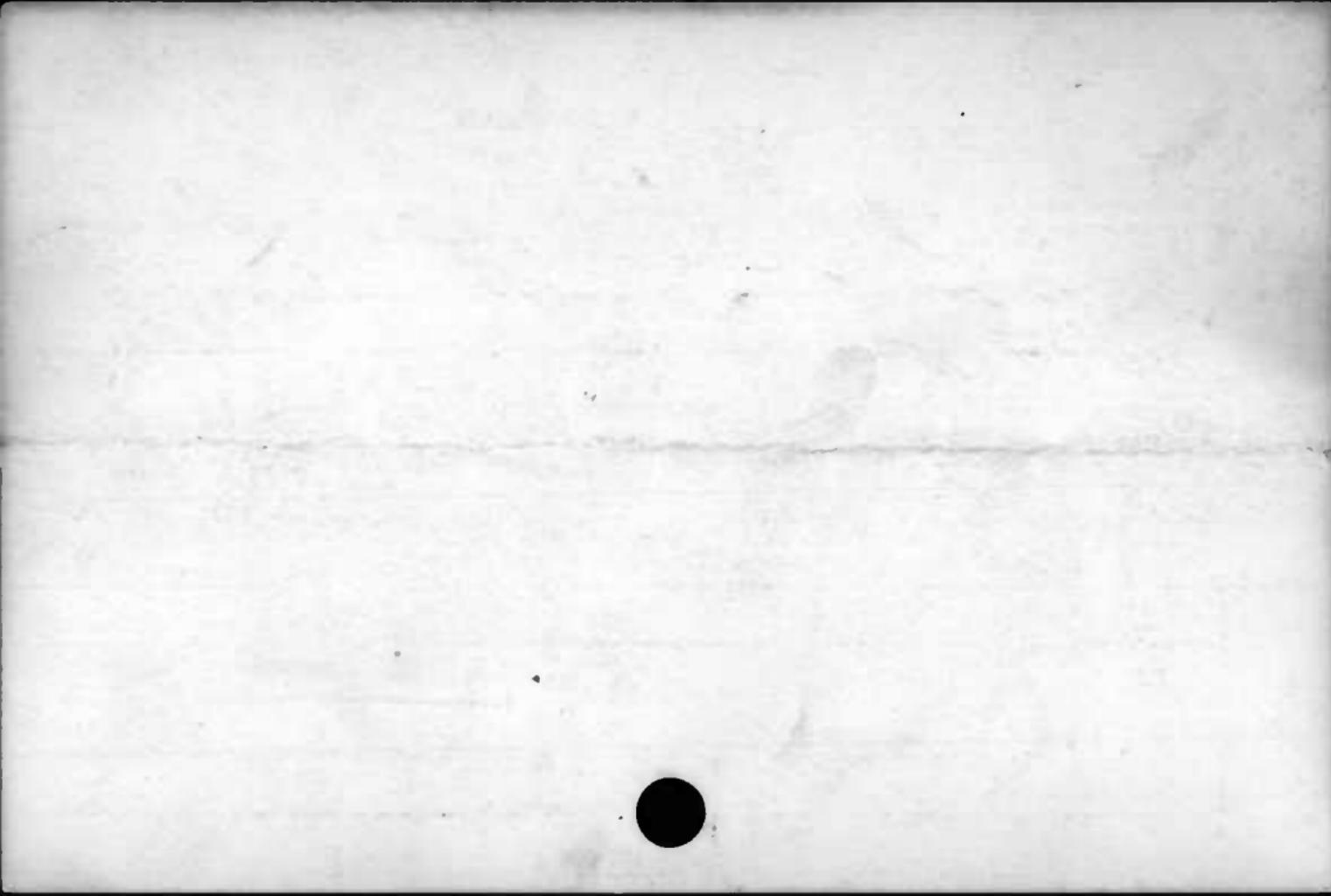
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1902	Month Sep.	Day 24	Years 4
Sex Female	Color or Race Dark	Birth-place Baltimore	Months , 5 Days
Married, Single or Widowed married	Occupation		
Name of Wife or Husband Anna Parker			
Father's Name Loyd Parker	Father's Birthplace Acamackva		
Mother's Maiden Name Ethnae Bundick	Mother's Birthplace Acamackva		
Name of person giving Information J H Ross	How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Dysphoid fever	How long Two weeks
Immediate	Pneumonia	How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician J. D. Hadaway
		Address Fowling Creek Md.
Accident or Suicide?		







Bobby Bobt. Smith

Town

County

Died at

Hillbrow Caroline

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

9 28

Age

8 3, 11

End

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Robert Smith

Mother's Maiden Name

Mary Washer

Cause of

Primery

Pneumonia

How long sick

3 days

Death

Immediate

93

Accident, Suicide, Homicide

Reported by

Bobby Hockit and  
Queen Anne End-

Address

Must be signed by physician, if any in attendance; otherwise by coroner, undertaker or minister.



Name  
in  
Full

Mrs A. G. Vanscry

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1902	Month 7	Day 22	Years Age 62	Months —	Days —
Sex Female	Color or Race white	Occupation	Birth- place Del		
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Sarcoidosis	66	How long 2 years
Immediate	Exhaustion	66	How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Enriched George MD  
Dentistry

Accident or Suicide?

